PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD. Application or Docket Number Substitute for Form PTO-875 1676380 CLAIMS AS FILED - PART I OTHER THAN OR **SMALL ENTITY** (Column 1) (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = X S OR X S INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR ħ MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR _ * If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR **TOTAL** CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-ENT AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) MON Minus X S OR Independent (37 CFR 1.16(b)) Minus ũ X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST ന REMAINING PRESENT NUMBER RATE ADDI-AC.)L TIO,#AL RATE EN **PREVIOUSLY EXTRA** AFTER TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) ENDME Minus ÷ OR Independent (37 CFR 1.16(b)) Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS. HIGHEST O REMAINING PRESENT NUMBER RATE ADDI-RATE ADDI-ENT **AFTER PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) ENDME Minus OR Independent (37 CFR 1.16(b)) Minus X S OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

| | | | | | | | | | Application or Docket Number | | | | | | |
|--|--|-----------|---------------------------------|---------------------------------------|-----|--|------------------|---|------------------------------|------------|------------------------|--------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO | | | | | | | | | | / | Jul 1 | 1-1 | 11.20 | | |
| Effective December 29, 1999 | | | | | | | | | | | | C' | 1420 | 3U | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | | | SMAL | _ | NTITY | OR | OTHER SMALL | | |
| FC | R | | NUMBER FILED | | | NUMBER EXTRA | | | RATE | | FEE |) | RATE | FEE | |
| ВА | SIC FEE | | | · · · · · · · · · · · · · · · · · · · | | | | : · · · · · · · · · · · · · · · · · · · | | 345.00 | OR | | 690.00 | | |
| TOTAL CLAIMS | | | / minus 20= | | | .3 | | | X\$ 9 | | 27 | OR | X\$18= | 54 | |
| INDEPENDENT CLAIMS | | | S minus 3 = | | | • | | | X39= | | | OR | X78= | 7 | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | | .120 | ┪ | | | .000 | X | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | | +130: | 4 | 312 | OR | +260= | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | | | ٠ ا | 7 100 | ЮR | TOTAL | 179 CX | |
| | To De la constante de la const | (Coli | lumn 1) | | | (Column 2) (Column 3) | | | SMAL | LE | NTITY | OR | OTHER SMALL | | |
| AMENDMENT A | | REM AF | AIMS AINING TER IDMENT | | Pi | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | • 0 | 23 | Minus | •• | 23 | =Ø | ı | X\$ 9= | - | \ | OR | X\$18= | | |
| | independent | NITATIC | 3 | Minus | | · 2 | = 15 | | X39= | | 1. | OR | 'X78= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | | +130= | - 1 | | OR | +260= | | |
| | | | | | | , | | į. | TOT | |) | OR | TOTAL | | |
| | | (Coli | umn 1) | | ((| Column 2) | (Column 3) | , | ADDIT. FI | EE L | | 2 | ADDIT. FEE | | |
| AMENDMENT B | | REM Af | AIMS AINING TER IDMENT | | Pi | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | · & | <u> </u> | Minus | | 27 | = <i>D</i> | ı | X\$ 9= | . | | OR | X\$18= | | |
| | Independent | <u> </u> | 3 | Minus | ••• | <u> </u> | = Ø | Ī | X39= | 1 | | OR | X78= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +130= | |) | OR | +260= | | |
| | | | | | | | | | | AL E | | OR | TOTAL ADDIT, FEE | | |
| | | | umn 1) | | | Column 2) | (Column 3) | | | | | • | | | |
| AMENDMENT C | A TO AT AN | REM AF | AIMS AINING TER IDMENT | D | PI | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | • | 13 | Minus | •• | 23 | = (Z) | | X\$ 9= | ٠ ا | \ | OR | X\$18= | | |
| | Independent | • | 3 | Minus | | <u> </u> | = Ø | T | X39= | 1 | | OR | X78= | | |
| لــــ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | | +130= | 1 | | | +260= | | |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | +130= TOT/ | ┸ | | OR | +20U= | | |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE | | | | | | | | | | | | | | | |
| 1 | The "Highest Num | ber Prev | · | | | | | r four | nd in the | appı | ropriate box | in col | umn 1. | | |
| | PTO-875 12/99) | | BE | ST AV | All | ABLE | COPY | Pate | nt and Tra | dema | ark Office, U. | s. Dep | ARTMENT OF | COMMERCE | |

United States Patent and Trademark Office
- Sales Receipt -

10/11/2005 GTRAMMEL 00000001 501317 09676380

01 FC:2201

100.00 DA